

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>HAL085005</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: <b>01</b>  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/08/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>WALNUT RIDGE ASSISTED LIVING</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>411 WINDMILL STREET WALNUT COVE, NC 27052</b>
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C 000	Initial Comments  Report of Biennial Construction Survey by Dennis Harrell and Bob Getchell on 10-8-2015.  This facility was first licensed as a Home for the Aged serving 63 residents, 20 of which are housed in the Special Care Unit, on 5-27-1997. Therefore the facility must meet the 1996 Rules for the Licensing of Adult Care Homes, the applicable portions of the 2005 Rules for the Licensing of Adult Care Homes of Seven or More Beds, and the 1996 North Carolina State Building Code Section 409 Group "I" Institutional. The facility built a new Special Care Unit on 6-8-2009. Therefore the Special Care Unit must meet the 2005 Rules for the Licensing of Adult Care Homes and the 2009 North Carolina State building Code - Section 407 - Group I-2.	C 000		
C 101	Existing Licensed Fac- No less than '71 Rules  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost;	C 101		

CONSTRUCTION SECTION  
NOV 17 2015  
RECEIVED

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  <i>Stephanie Chinn</i>	TITLE  <i>Exec. Dir.</i>	(X6) DATE  <i>11/13/15</i>
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

**WALNUT RIDGE ASSISTED LIVING**

411 WINDMILL STREET  
WALNUT COVE, NC 27052

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C 101	Continued From page 2 in accordance with Section 707. *Section 707.5 states that fire barrier walls must extend continuously from the top of the floor to the bottom of the roof deck. *Section 707.6 requires that openings for doors shall be protected in accordance with Section 715. *Table 715.4 requires that doors in 1 hour fire barriers must be a minimum of 3/4 hour fire rated and equipped with closers.  3. Based on observation, does not meet all of the licensure rules required for a Special Care unit. 10A NCAC 13F .1304 requires direct access to a secure outside area be provided. Findings include: The courtyard and the gate to allow egress from the courtyard has latching that is easily opened for egress.	C 101		
C 150	Corridors-Free of equipment and Obstructions  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0305 PHYSICAL ENVIRONMENT (g) The requirements for corridors are: (4) Corridors shall be free of all equipment and other obstructions.  This Rule is not met as evidenced by: 1. Based on observation, there was considerable combustible storage in the corridor at the exit near the entrance into Special Care. Storing combustibles in the corridor could make the corridor unusable for evacuation in a fire. Note: This deficiency was corrected during the survey.  2. Based on observation, there were several	C 150	SCU Disclosure Policy revised #9 to read-It also has a courtyard surrounded by a privacy fence for their convenience of being able to enjoy activities, but remain in a supervised secure environment.          1. Objects were removed and placed in appropriate storage room.          2. Objects removed at exit	11/13/15          10/21/15  10/8/15

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C 150 Continued From page 3  
folding tables stored in the corridor at the exit  
near the vending machines reducing the width of  
the exit corridor to about 3.5 feet. Storage in the  
corridor could delay or prevent an evacuation in  
an emergency.

C 150

Corridor and vending machines  
were moved further away  
from exit door and closer  
to wall.

10/13/15

C 166 Housekeeping-Maintained Free of Hazards

C 166

SECTION .0300 - PHYSICAL PLANT  
10A NCAC 13F .0306 HOUSEKEEPING AND  
FURNISHINGS

(a) Adult care homes shall:  
(5) be maintained in an uncluttered, clean and  
orderly manner, free of all obstructions and  
hazards;  
(e) This Rule shall apply to new and existing  
facilities.

This Rule is not met as evidenced by:  
1. Based on observation, the facility was not  
maintained free of hazards as relates to the use  
of temporary extension cords.  
Findings include:  
a. An extension cord was being used for  
permanent wiring in the laundry.  
b. The extension cord at the laundry was  
extended through the laundry room door.  
Note: These deficiencies were corrected during  
the survey.

2. Based on a review of documents, the range  
hood fire suppression system in the kitchen is not  
being inspected monthly as required. Failure to  
perform monthly safety inspections could cause  
the fire suppression system to fail to work when  
needed.

Findings include:  
The fire suppression system had not been  
inspected since July.

1a. Extension cord removed  
from laundry room  
b. Extension Cord removed  
at time of Survey.

10/8/15

10/8/15

2. Previous Maintenance Director  
failed to inspect fire  
suppression system. New  
Maintenance Director has  
been trained to properly  
inspect and document.

11/10/15

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C 183	<p>Fire Extinguishers</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0308 FIRE EXTINGUISHERS (a) At least one five pound or larger (net charge) A-B-C type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. (b) One five pound or larger (net charge) A-B-C or CO/2 type is required in the kitchen and, where applicable, in the maintenance shop.</p> <p>This Rule is not met as evidenced by: Based on observation, the fire extinguisher in the corridor in Special Care is in an unlocked cabinet that is difficult to open. The cabinet was so difficult to open that staff at first thought it was locked.</p>	C 183	<p>Door handle has been added to Fire Extinguisher door in SCU.</p>	11/10/15
C 189	<p>Building Equipment Maintained Safe, Operating</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: 1. Based on observation, the smoke barrier cross-corridor doors are equipped with latching hardware. When the doors were closed by activation of the fire alarm system, some doors failed to close completely and/or latch. Cross-corridor doors that do not close completely and latch present the possibility that a fire that</p>	C 189		

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STATE FORM

holder.  
h. See 3a.  
i. Wedges found living racon have 11/10/15  
been removed.

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C 189

Continued From page 6

C 189

4. Based on observation the required one-hour fire rated walls and/or ceilings were compromised in several locations. Holes and penetrations that are not sealed with materials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can quickly spread to other areas of the facility. Findings include:

- Holes in the ceiling in the water heater closet off the laundry.
- Unsealed pipe penetration in the attic smoke barrier wall near the laundry.
- Unprotected PVC penetrations in the ceiling of the storage/electrical room near room A09.
- The range hood duct in the attic was wrapped with yellow unclad insulation.

5. Based on observation, the battery powered emergency light in the corridor near the Nurse station in Special Care would not work when tested. Battery powered emergency lights that will not work properly for at least 90 minutes could endanger the residents and staff.

6. Based on observation the sampling tube for the duct mounted smoke detector in the mechanical room off the resident laundry was installed with the sampling holes oriented directly away from the air flow. Sampling tubes that are not properly installed may cause the duct detector to not work properly in the event of a fire.

7. Based on Observation, the building was not maintained in a safe manner by not properly handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile.

4 a. Holes in the ceiling in water heater closet off laundry room with fire resistant insulation. (Roxul)  
b. Sealed pipe penetration in attic with fire caulking.  
c. Enclose PVC Penetrations with Fire Retardant Sheetrock  
d. Hood Range duct in attic will be wrapped with clad fire resistant insulation.

11/12/15

11/10/15

11/20/15

11/17/15

5. Replaced battery in emergency light in corridor in S.C.U.  
12 amp, 6 volt battery

11/16/15

6. Invert tube holes in correct location.

11/16/15

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C 189	Continued From page 7  Findings include: Several portable medical oxygen cylinders in the Medroom were stored in unapproved beverage crates or in no container at all.	C 189		
C 191	Unvented & Portable Elec. Heaters Prohibited  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (b) There shall be a heating system sufficient to maintain 75 degrees F (24 degrees C) under winter design conditions. In addition, the following shall apply to heaters and cooking appliances. (2) Unvented fuel burning room heaters and portable electric heaters are prohibited. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.  This Rule is not met as evidenced by: Based on observation the facility failed to adhere to the prohibition of portable electric heaters. Portable electric heaters are a potential fire hazard and as such could affect all occupants of the facility. Finding includes: There was a portable electric heater found in the Administrator's office.	C 191	7. Obtained O <sub>2</sub> crates and removed unapproved crates.	10/13/15
C 199	Exhaust Ventilation  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This	C 199	Portable Electric heater was removed from premises.	10/9/15



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C 199	<p>Continued From page 8</p> <p>requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces:</p> <ul style="list-style-type: none"> <li>(1) soiled linen storage;</li> <li>(2) soil utility room;</li> <li>(3) bathrooms and toilet rooms;</li> <li>(4) housekeeping closets; and</li> <li>(5) laundry area.</li> </ul> <p>(k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities.</p> <p>This Rule is not met as evidenced by: Based on observation the facility failed to maintain required exhaust in a working condition. Non-functioning exhaust could cause an unhealthy buildup of moisture and possibly bacteria.</p> <p>Findings include; The exhaust system was not working in the assisted bath/shower room in the Special Care Unit.</p>	C 199	<p>Repositioned duct work in SCU assisted bath to allow air to flow more freely.</p>	11/10/15

# *Walnut Ridge Assisted Living*

## Special Care Unit Disclosure Statement

- (1) The object of the Special Care Unit of Walnut Ridge is to provide quality, professional assisted care in a safe, comfortable, nurturing homelike environment... An atmosphere of respect warmth and dignity...where our residents can feel a sense of purpose and community.
  - A. Provide a safe environment by allowing the resident freedom of movement in a safe and closely monitored secured area. Allow the resident to be free of physical and chemical restraints. The unit is designed for easy visual access to the residents, in order to minimize potential health risk such as falls, aggressive behavior and monitoring of meals and snacks.
  - B. Our activity department focuses on each individual need thereby remaining flexible but maintaining a structured environment, which allows the resident to perform at his or her optimal level, thereby enhancing their quality of life.
  - C. Care plans are done on an individual basis with emphasis placed on the resident's ability to perform their own ADL's. We continue to encourage the resident to be as independent as possible, thereby maintaining their dignity and good mental health.
  - D. Assessments are done prior to admission. Care plans are done within 30 days of admission and yearly thereafter which addresses resident history and preferences: Behaviors: The residents needs and behaviors are assessed to allow maintenance of the residents abilities and promote the highest possible level of physical and mental functioning; and methods of behavioral management through physical exercise, social activity, appropriate medication administration, proper nutrition and health maintenance, while preserving their dignity. The resident profile shall be done within 30 days of admission and quarterly thereafter which provides more insight into the resident's history and

preferences. Activities;(the residents level of functioning) how well the resident is adapting to the social setting and how advanced is the diseased process: Pharmacy: Review of all medications to maintain appropriate medication administration, evaluation of weight, meal percentages and physical assessments to maintain residents at highest level of nutritional status.

- (2) An assessment is done prior to admission to determine a Resident's ability to function in a group setting and determine if their needs can be met. Each resident admitted into the Special Care Unit must have a diagnosis of Alzheimer's or related dementia. Walnut Ridge may not accept, Mental Health/Psychiatric, any disorder associated with alcohol, drug abuse or bed bound residents into their SCU unit. Discharge from the unit would be if it were determined that the resident would cause harm to himself or others, their needs can no longer be met, or for lack of payment.
- (3) Services that are offered in the Special Care Unit are as follows: Medication Management trained certified nursing assistants to meet all their care needs. Nutritional meals including snacks available 24 hours a day. Our activity director / designee will work with each resident on an individual level to develop activity plans based on personal preferences and needs of the resident. They are more closely monitored for incontinence and hydration. Toileting programs are implemented for each resident to allow them to remain continent as long as possible. There may also be an opportunity to attend functions outside of the unit. Assistance with bathing, feeding, dressing, grooming and toileting.
- (4) Care Plans are done within 30 days of admission then yearly thereafter. The following items are included in the Care plan: behavioral pattern, resident ability to perform their activities of daily living, special needs or resident and degree of cognitive impairment. A new care plan shall be done within 10 days of a significant change in residents' physical or mental status. The Special Care Coordinator encourages family to provide input regarding residents care. Staff and medical personnel's input is incorporated also into the care plan. Most importantly, the resident is encouraged to participate in their plan of care.
- (5) Wandering is allowed in a secured safe environment. All items, which could possibly be ingested, are kept at the Nurse's Station in a secure area. Poison Control Center numbers are posted at the

nurse's station. Falls are assessed by the Safety Committee, as well as, the Resident Care Director and the resident physician to attempt to: establish causative factor, implemented measures to prevent reoccurrence. In the event of a physical assault by an aggressive resident the following steps will be taken:

Provide redirection and calming techniques to the resident that is being aggressive

- We will provide additional supervision of the threatening resident to protect other residents from harm.
  - Contact the family and physician regarding the behavior and follow any physician recommendations.
  - If appropriate, a referral will be made to the local management entity for mental health services or mental health provider for emergency treatment of the threatening resident
  - All measures will be made to cooperate with assessment personnel assigned to the case by the local management entity for mental health services or mental health provider to enable them to provide their earliest possible assessment
  - **For other behavior management problems:**
  - We will provide additional supervision for individual behavior patterns should they arise
  - A referral will be made to the local management entity for mental health services or mental health provider for emergency for any identified behaviors
- (6) Training of the staff to understand and handle the difficult behaviors and the needs of each resident.
- (7) The Special Care Unit is staffed with a Special Care Coordinator, 1 Nursing Assistant I for each 8 residents on 1<sup>st</sup> shift, 1 Nursing Assistant I for each 8 residents on 2<sup>nd</sup> shift and 1 Nursing Assistant I for each 10 residents on 3<sup>rd</sup> shift. The Special Care Coordinator shall be counted in the staffing requirements of 1 Nursing Assistant I for each 8 residents.
- (8) Staff training is done on each individual needs. Training includes six (6) hours of Special Care Unit Orientation to be completed within the first week of employment. Twenty (20) hours of classroom training is to be completed by all staff within six (6)

months of hire that works in any Alzheimer's/Dementia Care Unit. Staff responsible for supervision within the unit shall complete at least 12 hours of continuing education annually, of which 6 hours will be dementia specific. Other direct care staff, assigned to the unit, shall complete at least 8 hours of continuing education annually that is Alzheimer's/ Dementia Care specific

- (9) The Unit is designed for easy visual access of the residents, in order to minimize potential health risks such as falls, aggressive behaviors, and monitoring of meals and snacks. The SCU has available 11 rooms that can accommodate 20 residents, including their own dining and activity area. It also has a courtyard surrounded by a privacy fence for their convenience of begin able to enjoy outside activities, but remain in a supervised secure environment. The doors leading into and out of the unit are designed with state approved magnetic safety locks. Appropriate controls are in place to disengage the magnetic locks in case of a fire.
- (10) Individual preferences are considered when activities are planned. In planning activities, consideration is given to each individual background and their functioning abilities.
- (11) The family is encouraged to assist with the care plan / profile by giving beneficial input from their knowledge of the resident. Walnut Ridge will offer quarterly care plan meetings with the Resident Care Director/Special Care Coordinator. Families are given opportunities to take part in the resident's care and we encourage the family member to attend Family Support Group Meetings, and community Alzheimer's Support Groups.
- (12) All cost are explained and reviewed with the resident and responsible party prior to admission. Copies are given to them for their personal records. The only additional charges will be \$\_\_\_\_\_ fee for an incontinence supplies if the family/responsible party elects for Walnut Ridge to provide their supplies monthly.

*Responsible Party:* \_\_\_\_\_

*Responsible Party Relation:* \_\_\_\_\_

*Date:* \_\_\_\_\_

